

**COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES  
PHYSICIANS/TRAUMA SERVICES FOR INDIGENTS PROGRAM**

## **Tax ID Number (TIN) Query**

**Physicians must either:**

- provide their personal Social Security Number or TIN to receive a check in their name, OR
- provide the Medical Group's name along with the associated TIN to receive a check payable to the Medical Group

**Please fill out the following form to verify tax information:**

**Tax ID NUMBER – MUST MATCH IRS RECORDS** Please include W-9 Form

**Physician Name** \_\_\_\_\_

**Physician Number**

--	--	--	--	--	--	--	--	--

**OR**

**Medical Group Name** \_\_\_\_\_

**Medical Group Number**

--	--	--	--	--	--	--	--	--

**Telephone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Submitted by** \_\_\_\_\_

**Please Print**

**E-Mail Address** \_\_\_\_\_

**Position/Title** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**If you have any further questions, please contact the AIA hotline at (800) 303-5242.**

**FAX THIS FORM TO AIA @ (310) 390-7962**